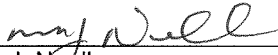


| AMENDMENT TRANSMITTAL LETTER | | | | Docket No. 4342-0121PUS1 | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|-----------------------------------------|-----------------------------------|--------------------------------|--------|
| Application No. 10/588,454-Conf. #5756 | Filing Date December 5, 2006 | Examiner C. R. Stone | Art Unit 1614 | | |
| Applicant(s): Riccardo BERTINI et al. | | | | | |
| Invention: USE OF N-(2-ARYL-PROPIONYL)-SULFONAMIDES FOR THE TREATMENT OF SPINAL CORD INJURY | | | | | |
| MS Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450 | | | | | |
| Transmitted herewith is an amendment in the above-identified application. | | | | | |
| The fee has been calculated and is transmitted as shown below. | | | | | |
| CLAIMS AS AMENDED | | | | | |
| | Claims Remaining After Amendment | Highest Number Previously Paid | Number Extra Claims Present | Rate | |
| Total Claims | 10 | - 20 = | 0 | x 52.00 | 0.00 |
| Independent Claims | 2 | - 3 = | 0 | x 220.00 | 0.00 |
| Multiple Dependent Claims (check if applicable) <input type="checkbox"/> | | | | | |
| Other fee (please specify): Extension for response within first month | | | | | 130.00 |
| TOTAL ADDITIONAL FEE FOR THIS AMENDMENT: | | | | | 130.00 |
| <input checked="" type="checkbox"/> Large Entity <input type="checkbox"/> Small Entity | | | | | |
| <input type="checkbox"/> No additional fee is required for this amendment. | | | | | |
| <input checked="" type="checkbox"/> Please charge Deposit Account No. <u>02-2448</u> in the amount of \$ <u>130.00</u> . A duplicate copy of this sheet is enclosed. | | | | | |
| <input type="checkbox"/> A check in the amount of \$ _____ is enclosed. | | | | | |
| <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. | | | | | |
| <input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>02-2448</u> as described below. A duplicate copy of this sheet is enclosed. | | | | | |
| <input checked="" type="checkbox"/> Credit any overpayment. | | | | | |
| <input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17. | | | | | |
|  Mark J. Nuell Attorney Reg. No.: 36,623 | | | | Dated: <u>December 4, 2009</u> | |
| BIRCH, STEWART, KOLASCH & BIRCH, LLP 12770 High Bluff Drive Suite 260 San Diego, California 92130 (858) 792-8855 | | | | | |